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Tomorrow's Child

GENERAL

Healthy Mothers Healthy
Babies of Michigan

Maternal-Newborn Nurse
Professionals of
Southeastern Michigan

Executive Director

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Michigan Council for Maternal and Child Health

May 30, 2012

***Testimony provided to Senate Families, Seniors and Human Services
Committee***

Presentation on Home Visiting (Powerpoint presentation attached)

Good afternoon, my name is Amy Zaagman and I am the executive director of the Michigan Council for Maternal and Child Health. For almost 30 years, the Council has represented a unique partnership of organizations invested in maternal and child health with a public health perspective and a focus on prevention.

We are deeply grateful to Chair Emmons for this opportunity to share information with you about home visiting.

What is home visiting? Home visiting is a method of service delivery that is voluntary and primarily based in the home. It pairs new and expectant families with trained professionals who provide education, coaching and support during pregnancy and throughout their child's first five years. There are different "models" of home visiting with different goals, methods and target audiences—usually impacting a portion of the time span I just mentioned.

Different risk factors such as a low-income household, Medicaid eligibility, first-time pregnancy, history of poor birth outcomes, single-parent household—and a variety of other factors depending on the program model—make a family a candidate for home visiting. Referrals to the program can happen in any number of ways, but often are a result of interaction with another professional, such as a nurse or physician, or as a function of enrollment in Medicaid for a pregnant woman.

Why is home visiting important? Home visiting is critically important to address a number of early childhood indicators at which Michigan needs to do better for our children and families. Home visiting programs specifically seek to help parents and families succeed at their most important job: supporting the health, safety, social emotional well-being and proper development of their children.

Home visiting models that work with pregnant women to improve their health and safety during pregnancy have been shown to improve birth outcomes by reducing the level and occurrence of premature deliveries and reducing the percentage of low-birthweight infants. Caring for low-birthweight and premature infants is far more costly—take the Michigan Medicaid reimbursement for the average nursery stay for a preemie at over \$36,000 compared to \$985 for an infant with no complications. NICU stays can run upwards of \$2 million in the most severe cases.

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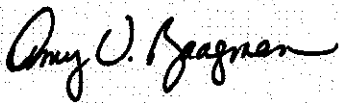
Nationally there is a move toward evidence-based home visiting programs—programs that have a proven track record of success that can demonstrate effectiveness—for families and for taxpayers. For use of federal grant dollars nine different models are recognized as evidence-based. Of those nine, five are operating in Michigan: Early Head Start, Healthy Families America, Home Instruction Program for Preschool Youngsters (HIPPY), Nurse Family Partnership, and Parents as Teachers.

State programs may also become evidence-based by completing a rigorous random-control trial or quasi-experimental evaluation. The Maternal Infant Health Program, our Medicaid home visiting program that represents the majority of state funding in home visiting, is currently undergoing a rigorous quasi-experimental evaluation through Michigan State University Center for Health Care Studies. The Michigan Association for Infant Mental Health has also created a program based upon their Infant Mental Health Specialist certification that is currently in use in our Community Mental Health system—they are investigating opportunities to do a randomized-control trial evaluation with a university.

Home visiting is a dynamic and evolving field. While home visiting has been around for decades the advent of researched program models that have manuals and rules about fidelity—or keeping exactly to—the model is one that is now strongly taking hold. Programs that have operated for many years but have not finished their rigorous evaluation required to become “evidence-based” or perhaps are built on a model but with variations for certain populations or geographic variables may be achieving real outcomes for families.

High quality home visiting programs are a great investment, with huge returns on the investment in programs. These are dollars that we don’t spend on welfare, foster care, remedial education, juvenile justice, law enforcement, our court system and even corrections. As a committee that seems to have a very full docket of issues, I know we can all see the value in reducing the need in those areas.

Respectfully submitted,

A handwritten signature in cursive script, reading "Amy U. Zaagman".

Amy U. Zaagman
Executive Director

attachment



Michigan Council for
Maternal and Child Health

Home Visiting



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What is Home Visiting?



Voluntary, sustained efforts that pair new and expectant families with trained professionals to provide parenting information, resources and support during pregnancy and throughout their child's first five years.

How It Works

Families have risk factors

Examples: low-income, Medicaid-eligible, single parent, previous poor birth outcome

Referred to quality home visiting

Promising or evidence-based programs, operating with fidelity to a model with trained and competent staff, in an organization that ensures quality with connections in the community

Families and taxpayers see results

Research shows that home visiting can help parents succeed at their most important role. Children and taxpayers benefit with proven outcomes in improved health and development and lower rates of child abuse and neglect, school failure, unemployment and crime.

Why is Home Visiting Important?

- One Cincinnati program found that **infant death rates fell by 60 percent** among home visiting participants.
- In New York's Healthy Families home visiting program, **mothers who received home visits were half as likely to deliver low birth weight babies** as mothers who were not enrolled.
- Studies have found that **mothers who participated in home visits were more sensitive and supportive in interactions with their children**, and they reported less stress than those in the control group.
- After their participation in a nurse home visiting program, **mothers had an 83 percent increase in employment** by their child's fourth birthday.
- The **highest quality home visiting programs, over time, yield returns of up to \$5.70 per public dollar spent**. These savings are realized as reduced mental health and criminal justice costs, decreased dependence on welfare and increased participant employment.

Why is Home Visiting Important?

Cost of Low Birthweight & Prematurity

The Michigan Medicaid reimbursement of just nursery costs for infants with a primary diagnosis of preterm/low birthweight is \$36,092 compared to \$978 for newborns without complications.

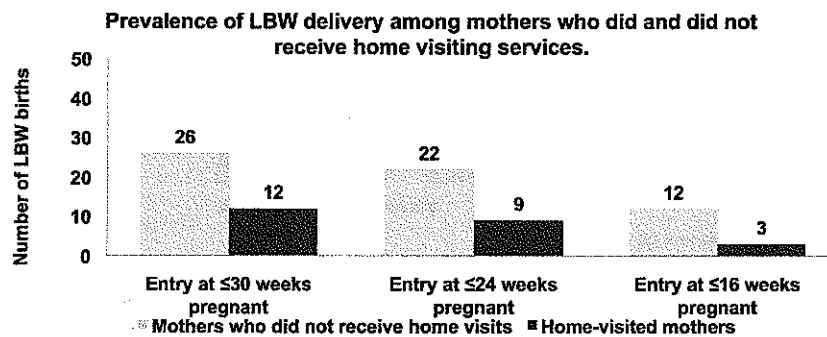
In Michigan, 12.1 percent of births to women on Medicaid were low birthweight compared to 6 percent of births to women with private insurance. (PRAMS, 2008)

The average cost of caring for a premature infant in the first year is \$32,000 compared to \$3,000 for a full-term infant. (Kornhauser, et al., 2010)

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Why is Home Visiting Important?

Reduced low birth weight (LBW) deliveries by almost 50%.



The risk of delivering a low-birthweight baby was significantly lower for women who participated in the Healthy Families New York (HFNY) program than for women who did not participate. Specifically, these data show that the risk of delivering a low-birthweight baby was reduced further the earlier they enrolled in the program.

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Home Visiting In Your District

Senator Mike Nofs

19th District

Home visiting is a voluntary service delivery program that connects trained professionals with vulnerable and at-risk mothers or families most in need of education, resources, coaching and encouragement. There are a variety of promising and evidence-based home visiting programs in Michigan, all with slightly different goals, methods and target audiences.

The following programs in your district are examples of home visiting programs that accept state funds. Please note that this is not an exhaustive list, but rather a snapshot of the types of home visiting programs available to serve at-risk children, mothers and families in your district.

County	Program	Model
Calhoun	Connect Health Services, PLLC	Maternal Infant Health Program
	Silver Lining Family Services	Maternal Infant Health Program
	Calhoun County Public Health Department	Nurse Family Partnership
	Calhoun ISD	Parents as Teachers
	Community Action Early Head Start	Early Head Start
Jackson	Jackson County Health Department	Maternal Infant Health Program
	Serenity Home Health, Inc.	Maternal Infant Health Program
	Center for Family Health	Maternal Infant Health Program
	Jackson County Early On	Parents as Teachers